

**STATE OF IOWA**  
**IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**CERTIFICATE OF DEATH**

114-2024-032418

BIRTH NUMBER: 1983-023576

DECEDENT INFORMATION

NAME: Philip Colt Moss

ALIAS:

PLACE OF BIRTH: Iowa

ARMED FORCES: No

DECEDENT MAIDEN LAST NAME:Moss

FATHER'S NAME:(prior to any marriage) Adam Terry Moss

MOTHER'S NAME:(prior to any marriage) Mariann Lyons

RESIDENTIAL ADDRESS:

Waukee, Iowa 50263

INFORMANT NAME: Andrea Joy Moss

INFORMANT RELATIONSHIP: Wife

MARITAL STATUS: Married

SURVIVING SPOUSE:(prior to any marriage) Andrea Joy Skinner

DATE FILED: 02/28/2025

-0819

SSN:

Male

DATE OF BIRTH/AGE: [REDACTED]/1983 41 Years

DATE/TIME OF DEATH: 11/13/2024 (Actual)

05:55 PM (Found)

RESIDENCE COUNTY: Dallas

COUNTY OF DEATH: Dallas

PLACE OF DEATH: Decedent's Home

FACILITY/ADDRESS: [REDACTED]  
Waukee, Iowa 50263MEDICAL CAUSE OF DEATH INFORMATIONINTERVAL UNITS

IMMEDIATE CAUSE OF DEATH: Mixed drug (Fentanyl, Methamphetamine, Hydroxyzine, Xylazine, Bupropion, Sertraline, Eszopiclone, Trazodone)

Unknown

DUE TO OR AS A CONSEQUENCE OF:

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UNDERLYING CAUSE, IF ANY:

OTHER SIGNIFICANT CONDITIONS:

MANNER OF DEATH: Accident

AUTOPSY PERFORMED/FINDINGS: Yes/Yes

DATE/TIME OF INJURY:

PLACE OF INJURY: Unknown

LOCATION OF INJURY: Unknown

Unknown, Unknown 99999

DESCRIPTION OF INJURY: Consumed illicit drugs (with medications).

TOBACCO CONTRIBUTED TO DEATH: No

M.E. CONTACTED: Yes

ME CASE #: 25-24-0152

INJURY AT WORK: No

TRANSPORTATION INJURY: No

METHOD OF DISPOSITION: Cremation

CERTIFIER/TITLE: Michele J. Catellier, MD

PLACE: Ankeny Funeral Home and Crematory-Ankeny

DATE CERTIFIED: 02/28/2025

LOCATION: Ankeny, Iowa

CERTIFIER ADDRESS: Iowa Office of State Medical Examiner

FUNERAL DIRECTOR: Andrew David Wegener

Ankeny, Iowa 50023

McLaren's Funeral Chapel

West Des Moines, Iowa 50265

\*\*\* FOR ADMINISTRATIVE PURPOSES ONLY \*\*\*

EXHIBIT

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